Michigan Department of Community Health (MDCH)
Diabetes, & Other Chronic Diseases Section
Division of Chronic Disease and Injury Control
Diabetes Self-Management Training Certification Program
Certification Process
Policy/Procedure

<u>POLICY</u>: The Diabetes Self-Management Training Certification Program of MDCH certifies Diabetes Self-Management Training programs (DSMTP) in accordance with Medical Services Administration (MSA) Hospital Policy # 00-06 issued 8/8/03. The National Standards for Diabetes Self-Management Education Programs and American Diabetes Association Education Recognition requirements are utilized for this process in conjunction with the supplemental requirements indicated below:

- If the Program Coordinator is not a CDE, he/she must have an average of 16 hours per month DSME experience in the year preceding assumption of the coordinator role or 24 hours of approved continuing education in diabetes management and behavioral/teaching-learning topics in the 2 years prior to assuming the role of coordinator, or within 6 months of assuming the coordinator role.
- An annual report describing the annual review and planning process and an annual statistical report must be submitted yearly
- A physician referral (MD/DO, Podiatrist, Dentist) is required for all Medicaid participants
- The participant assessment must include influenza and pneumococcal vaccination status and the curriculum must include content on influenza and pneumococcal vaccinations
- Program changes, utilizing the "change form" must be reported within 30 days (see below)
    - Changes in address, phone or e-mail
    - Professional staff changes
    - Addition of satellite sites
    - Addition of specialized educational components
    - Significant changes in structure of sponsoring organization

Programs will be Certified for a 3 year period of time, after which they may request recertification. Certified programs will be accountable for <u>continuous</u> implementation of the standards and will implement any revisions in the National Standards or other requirements for certification within 1 year from publication date. **Failure to do so will result in loss of certification**. The review process for <u>initial</u> certification consists of an evidenced-based evaluation of implementation of the standards <u>and includes a program site visit</u>.

    Episodic site visits: Episodic site visits to certified programs will be made for the following situations:

    - <u>Ten percent of the certified programs will be selected randomly</u> on a yearly basis for an audit site visit. Random site visits will not be made more frequently than every 3 years: If an ADA-Recognized program had a Recognition site visit in the last 3 years, it will be exempt from the State's random selection process for that time period. ADA-Recognized programs will be responsible for notifying MDCH if they have a

site visit audit by ADA Recognition Program. Program coordinators will be notified no less than 4 weeks prior to a randomly selected site visit.
- <u>Significant program changes</u>, including addition of new education components (e.g. specialized population such as pediatrics or gestational; pump training), significant staffing changes (e.g. program coordinator without previous DSMTP experience) or a major reorganization of the hospital or health system
- <u>Requests for consultation and/or technical assistance</u>
- <u>Identified need</u> by MDCH to evaluate continued implementation of standards

There are two types of certification: Individual agency and group certification. For <u>group</u> certification the following applies:

Health Systems that have or intend to have more than one hospital with a certified DSMTP may request that the health system DSMTP certification process be conducted under a single group application. Under a group application, individual hospital DSMTP programs in the group will have the same certification date. An appropriate, responsible administrator of the applicant health system and the system-wide DSMTP coordinator must sign the group application. Further, under the group DSMTP application, a statement of assurance (see Health System Group Certification Application) will need to be signed by the administrator of each DSMTP site hospital in the health system, indicating that he/she has on-site responsibility for the DSMTP and that he/she is in agreement with the provisions of the group application as proposed by the health system. Although the hospital programs will be collectively certified and may have many common program policies and operations, DSMTP programs within a system will be required to provide individualized responses as outlined below in order to fully meet existing requirements.

Special Note on Health System Group Applications and Medicaid Reimbursement:

The Medicaid reimbursement system utilizes provider numbers to designate enrollees. These numbers are specific and unique to an entity. Hospitals that are certified as a group within a health system, but remain an independent entity relative to billing and reimbursement, will continue to use their unique Medicaid provider number to ensure appropriate reimbursement from Medicaid. Since Medicaid reimbursement is typically based on individual hospital provider numbers and not a system number, an appropriate level of individual hospital accountability for their DSMTP needs to be demonstrated.

Requirements for Health System Group Application:

Standard 1: A DSMTP Group Application must be signed by the system CEO or their designee, and by the system DSMTP Coordinator. Further, each participating hospital administrator will sign a participation assurance statement on the "Application for Certification – Group".

The Health System Group Application shall include organizational charts that depict the relationship of the DSMTP to the hospital <u>and</u> to the larger system

Standard 3: The applicant health system may be responsible for the annual review and planning process for the individual DSMTPs in the system. However, the review and planning process should be able to provide evidence that the specific needs of the DSMTP in

each hospital program have been considered. Further, evidence should be available to document that consumers and community representatives that reflect the catchment or service area of the individual DSMTPs have participated in the annual review and planning process. Additionally, if one or more of the individual programs have special populations, individuals knowledgeable about those populations, need to participate in the review and planning process.

A Health System Group Application may reflect system-wide goals, objectives and outcomes measures for all programs in the system. (However, as noted above, the review and planning process should reflect unique characteristics of the individual programs within the system.) For quality improvement and reporting purposes, several specific aspects need to be individually reviewed for each DSMTP within the applicant health system. They include the following:

- Participant follow-up rates and access data; goals and/or objectives and outcome measures as they relate to the individual DSMTP
- Unique target population determination; participant population data and how it relates to the target population; adequacy of DSMTP resources
- Instructional methods (if related to a specific target population served by the DSMTP)
- Behavioral outcome tracking.

One annual program review and program plan report may be submitted for the group, but the individual DSMTP requirements for Standard 3 above should be explicitly identified in the report for each separate program.

The annual statistical report needs to identify the specific data for each separate program within the system.

CERTIFICATION REVIEW PROCEDURE

Eligibility for certification is determined (see MSA policy). Consultation meetings and site visit/s will be available and are preferable prior to the certification site visit. An application is submitted and a final site visit scheduled. Review process expectations are communicated (see "Review process" below).

Health System Group certification: Each program site within the system will be visited, but the site visits may be abbreviated for one or more of the sites (i.e. observation of a portion of a class session may not occur at each site). The review process for group certification will be structured to include review of an individual program's documents and/or educational materials or to make observations at individual sites as necessary. ***The group certification process will generally occur over several days as opposed to the typical site visit duration of one-day***

Review process: The review process includes, but is not limited to, the following:
-Review of documents and materials that provide evidence of implementation of the standards. This includes, but is not limited to: budget, client clinical records, staff credentials, policies/procedures; minutes from staff and advisory meetings; educational materials and resources; CQI records; and curriculum

-Observation of areas where teaching occurs; observation of class session/s
-Interview with program staff
-Determination of program strengths, identification of unmet requirements and areas for improvement
-Communication of above to program staff *and administrators as applicable*, verbally during site visit and in a written review report

A written report will be sent to the facility within 5 to 10 business days specifying a date for program response to unmet requirements (generally a written response that may include submitting copies of revised documents, due between 4-6 weeks from the date of the visit). A formal response that addresses each of the unmet requirements is required, but "recommendations" do not require a response.
-Determination that unmet requirements were adequately addressed within the specified period of time
-Issue Certification Certificate, notifying MSA enrollment supervisor of newly certified programs via memo. The certification date will be the date of the site review visit. *Programs for which a group certification process was utilized will each be issued a certificate identifying them as a part of a system*.

RECERTIFCATION PROCESS:

Programs may apply for recertification every 3 years by completing and signing an application that affirms that the program continues to maintain the certification requirements according to this policy.

- The signed application must be received by MDCH prior to the certification expiration date.

Loss of certification: A primary function of the Diabetes Prevention and Control Program (DPCP) is consultation and staff is available to provide consultation and technical assistance for implementation of the standards. In the event that the program reviewer determines that a standard is not met during any site visit, (see also "Annual Report" policy and procedure) assistance will be provided for eliminating the deficiency within a reasonable time frame. If, in the judgment of the reviewer, a requirement is not met within the specified time period, the DSMT Certification Program Coordinator will review the program's status and, if necessary, consult with the Diabetes, Kidney, & Other Chronic Diseases Section Manager. Programs who do not eliminate the deficiency will lose certification status. (See "Appeals Process").

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Approved by:_____Date:_____
Diabetes, Kidney and Other Chronic Diseases Section Chief